

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

### **I. DISPUTE**

1.
  - a. Whether there should be reimbursement for dates of service 6-9-01 and 6-29-01.
  - b. The request was received on 5-13-02.

### **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC 60 and Letter Requesting Dispute Resolution
  - b. HCFAs
  - c. TWCC 62s
  - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
  - a. TWCC 60 and Response to a Request for Dispute Resolution
  - b. HCFAs
  - c. TWCC 62s
  - d. Medical Records
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. No carrier sign sheet was noted in the dispute packet. No additional documentation was noted in the dispute packet from the provider. The findings and decision is based on the documentation contained in the Commission's case file at the time of review. The carrier's response is reflected in Exhibit II of the Commission's case file.

### **III. PARTIES' POSITIONS**

1. Requestor: Letter dated 5-13-02:

"The carrier has denied procedure code 76000-WP as part of another procedure in error. Fluoroscopy is not included in the professional service codes submitted. Texas Workers Compensation Guidelines specifically state in TWCC Advisory 97-01, 'video-fluoroscopy is considered a part of an injection.' Our office is billing for a fluoroscopy without video and we do not produce a video with this procedure. It has been well established and proven through numerous research studies that injecting the epidural or facet space blindly is far less effective and puts the patient at an unnecessary risk."

2. Respondent: Letter, no date: “A TWCC-60 has not been received to show reason for dispute. Therefore, please see attached copies of bills and EOB’s for the dates of service in question.”

#### IV. FINDINGS

- Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are 6-9-01 and 6-29-01.
- The carrier denied the billed services as reflected on the EOBs as, “G,226 – INCLUDED IN GLOBAL CHARGE; T - Not according to the Treatment Guidelines; 217 – THE VALUE OF THIS PROCEDURE IS INCLUDED IN THE VALUE OF ANOTHER PROCEDURE PERFORMED ON THIS DATE”.
- The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB	MARS	REFERENCE	RATIONALE:
6-9-01	76000-WP	\$110.00	\$-0-	G, 226 T, 217	\$110.00	TWCC Advisory 97-01;	<p>The carrier has denied the disputed services as G and T as defined above.</p> <p>Pursuant to Advisory 97-01, “If a health care provider believes fluoroscopic assistance (fluoroscopy) is medically necessary when performing an injection on a particular patient, and it is not included in the procedure, the provider shall bill the appropriate CPT code for the injection and the appropriate CPT code for the fluoroscopic assistance.”</p> <p>CPT Code 76000-WP is not global to any other procedure billed on the date in dispute.</p> <p>Both dates of service were denied with a “T,217”. Pursuant to TWCC Advisory 2002-11 effective 1-1-02, the Commission no longer acknowledges the denial code of “T”. Therefore, the EOB dated 3-5-02 has used an invalid denial code. For the EOB dated 9-16-01, the Spine Treatment Guideline states, “ESIs must be performed under fluoroscopic control.”</p> <p>Therefore, reimbursement is recommended in the amount of <b>\$220.00</b>.</p>
6-29-01	76000-WP	\$110.00	\$-0-	G, 226 T, 217		TWCC Advisory 2002-11; Spine Treatment Guideline 134.1001 (e) (2) (T) (i); CPT Descriptor	
<b>Totals</b>		\$220.00	\$-0-				The Requestor is entitled to reimbursement in the amount of <b>\$220.00</b> .

**V. ORDER**

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit **\$220.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 20<sup>th</sup> day of February 2003.

Lesa Lenart  
Medical Dispute Resolution Officer  
Medical Review Division

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